PCF. 17

THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL

NOTIFICE FOR CHANGE OF MANAGEMENT OR PHARMACEUTICAL PERSONNEL OF A PHARMACY

(Regulation 17(1) of The Pharmacy (Pharmacy Practice and the Conduct of Business of Pharmacy) GN No. 267)

Changes to be Made: **Superintendent** ☐ **Other Pharmaceutical Personnel** ☐

A. TO BE COMPLETED BY THE SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL AND OWNER OF THE PHARMACY.

A.1. DETAILS OF THE PHARMACY

Name of the Pharmacy EMJ PHARMACY Facility Identification Number (FIN)……………….

Physical address:

Street Vikindu Ward…………………………District/Municipal Mkuranga Region Pwani

A.2. DETAILS OF SUPERINTENDENT/OTHER PHARMACEUTICAL PERSONNEL

Full Name Johnson joseph chuwa PIN 0103739 Phone 0738 010 663

Address P.O Box 65377 Email chuwajohnson@gmail.com

A.3. REASON(s) FOR CHANGE

Change in location of the superintendent to mwanza

……

Time frame of notification: (As per Contract) 1 month Signature [signature] Date 09/02/2025

A.4. OWNER'S DETAILS

Full Name John Magambo Phone Number +255717827808

Remarks…………………………………………………………………………………………………

Signature [signature] Date 09/02/2025

B. TO BE COMPLETED BY THE OWNER ONLY

B.1. NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL

Full Name ……………………………………PIN……… Phone Number……………Email……………

Physical address:

Street……………………Ward……………………District/Municipal……………………Region……………………

Details of Previous pharmacy:

Name of Pharmacy……………………………………FIN……… District/Municipal…………… Region……………

B.2. QUALIFICATION DOCUMENTS OF THE NEW SUPERINTENDENT / OTHER PHARMACEUTICAL PERSONNEL (To be attached)

- **(i)** Copies of registration certificate and valid license to practice
- **(ii)** Contract Agreement/MOU
- **(iii)** Commitment Letter

C. FOR OFFICIAL USE ONLY

INSPECTION/REGISTRATION OR ZONAL OFFICE

Recommendations……………………………………………………………………………………

Full Name…………………………………… Designation……………Signature…………………Date …………

D. NOTE;

Failure to acquire the services of another superintendent/ Other Pharmaceutical Personnel within the mentioned time frame, shall lead to immediate closure of the premises as per Section 43 of the Pharmacy Act Cap 311.

NB: Other pharmaceutical personnel mean any pharmaceutical personnel apart from superintendent.